



TVC-CASE-57615

Cat | Domestic Short Hair (DSH) | 1 day | Male | 138703

Finalized : 2022-12-05
Submitted : 2022-12-05

Radiographs
Radiology Stat Fee

Clinical Findings

History & Clinical Signs

- Labored breathing for about 30 minutes , occurred last week - sleeps with son he woke up to cat with labored breathing - he went back to sleep and he went back to sleep , they never took to vet since he seemed fine
- Pulse 160
- Resp 80
- muc memb Pale
- acute respiratory distress

Current Medications

none

Number of Images

Submitted: 3

Date Of Most Recent Images

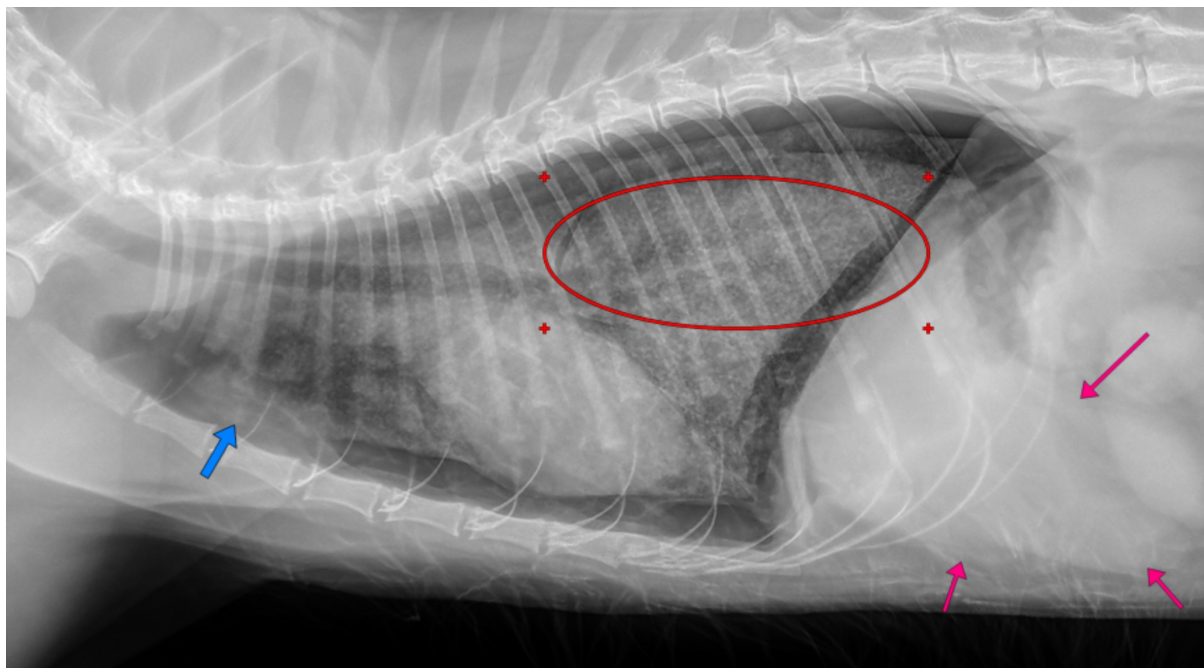
2022-12-04

Radiograph Report

Findings

3 radiographs of the thorax are available for interpretation. A moderate volume of gas is present in the right hemithorax. This is causing significant volume loss associated the lung lobes. Diffuse, severe interstitial and bronchial markings are present throughout the lung lobes in both right and left hemithorax. The trachea is normal in height. The diaphragm is intact. There is increased soft tissue opacity in the region of the sternal lymph nodes. The osseous structures are normal. In the included abdomen, the liver is significantly enlarged a left-sided mediastinal shift is present. The cardiac size and shape is otherwise normal.

Note the appearance of the pulmonary parenchyma, soft tissue opacity in the region of the sternal lymph nodes, and enlargement of the liver. Also note the gas within the pleural space causing retraction of the lung lobes.



Interpretation

1. The appearance of the pulmonary parenchyma may represent a severe fungal etiology such as histoplasmosis. Pulmonary lymphoma could also be considered. Other differentials could include severe lower airway disease such as feline asthma. This is considered less likely.
2. Severe sternal lymphadenopathy. Reactive hyperplasia or metastatic neoplasia/lymphoproliferative disease could be considered.
3. Pneumothorax, right side. This is likely associated with chronic lung disease and ruptured airways.
4. Hepatomegaly. Differentials include hepatic lipidosis, acute cholangitis, or a neoplastic process such as lymphoma.

Recommendations

1. Chest tube placement in the right hemithorax may be necessary.
2. A bronchoalveolar lavage and pulmonary aspirates could be considered.
3. A contrast CT examination of the thorax would be very helpful.
4. An abdominal ultrasound is indicated. Aspirates of the liver may be necessary.

Signature

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